24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sched	ule E)				PAGE 1 OF 3 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
VVork	ers' Voice				C C00484287	
Check if X 24-hour report 48-hour report New report Amends report filed on Amends report filed on Amends report 1 Amends report 2 Amends report 1 Amends report 1 Amends report 1 Amends report 2 Amends report 1 Amends report 1 Amends report 2 Amends report 3 Amends repor						
Full I	Name of Payee Orida AFL-CIO			Date	of Public Distribution/Dissemination	
					03 / 04 / 2014	
IViaiii	ing Address c/o Mike Williams			Amou	unt	
City	135 S. Monroe Street	State	Zip Code		646.72	
	ahassee	FL	32301		saction ID : D521137 of Disbursement or Obligation	
	oose of Expenditure Kind Staff		Category/ Type 004		03 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Nam	ne of Federal Candidate		Support	Office Sough	ht: X House District: 13	
ALE	EX SINK		Oppose	Presid	lent Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought		15308.56	Disbursemer 2014	nt For:	
	Name of Payee Orida AFL-CIO			Date	of Public Distribution/Dissemination	
				[03 04 2014	
Maiii	ing Address c/o Mike Williams			Amou	unt	
City	135 S. Monroe Street	State	Zip Code		215.58	
City Tall	lahassee	State FL	32301		action ID : D521138 of Disbursement or Obligation	
	pose of Expenditure Kind Staff		Category/ Type 004		03 / 04 / 2014	
Nam	ne of Federal Candidate		Support	Office Sough	ht: X House District: 13	
DAV	/ID W. JOLLY		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought	7 7	15308.56	Disbursemen 2014	nt For:	
(a) S	UBTOTAL of Itemized Independent Expendent	ditures		· •	862.30	
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) T(OTAL Independent Expenditures			· •		
with, o	r penalty of perjury I certify that the indep or at the request or suggestion of, any car committee) any political party committee o	ndidate or authorized			•	
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 03	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Sig	gnature		_			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)						
Workers' Voice	C C00484287					
Check if X 24-hour report 48-hour report New report Amends report fil	ed on M / D D / Y Y Y Y					
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination					
	03 / 04 / 2014					
Mailing Address 815 - 16th Street, NW	Amount					
City State Zip Code	113.37					
Washington DC 20006	Transaction ID : D521156 Date of Disbursement or Obligation					
Purpose of Expenditure Reimburse Auto Dialer Phones Category/ Type 004	03 / 04 / 2014					
Name of Federal Candidate Support Off	ice Sought: X House District: 13					
ALEX SINK Oppose	President Senate State: FL					
Calendar Year-To-Date Per Election for Office Sought Display:	sbursement For:					
Full Name of Payee	Date of Public Distribution/Dissemination					
AFL-CIO	03 04 7 2014					
Mailing Address 815 - 16th Street, NW	Amount					
City State Zip Code	37.79					
Washington DC 20006	Transaction ID : D521157 Date of Disbursement or Obligation					
Purpose of Expenditure Reimburse Auto Dialer Phones Category/ Type 004	03 / 04 / 2014					
Name of Federal Candidate Support Of	fice Sought: X House District: 13					
DAVID W. JOLLY Oppose	President Senate State: FL					
	sbursement For: Primary General Other (specify) Other					
(a) SUBTOTAL of Itemized Independent Expenditures	151.16					
(a) COSTONIZ OF HOMESON INCOPORTION Exportations	7 101.10					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler [Electronically Filed] Date	03 05 2014					
Oignature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full)						
	FEC IDENTIFICATION NUMBER ▼					
Workers' Voice	C C00484287					
Check if X 24-hour report 48-hour report New report Amends report filed on	M / D D / Y Y Y Y					
Full Name of Payee Interretional Union of Reintern and Alliad Trades Political Action Together Political Comm	of Public Distribution/Dissemination					
	03 / 04 / 2014					
Mailing Address 1750 New York Avenue, NW Amoun	nt					
City State Zip Code	34.29					
Washington DC 20006 Transa	action ID : D521158 If Disbursement or Obligation					
Purpose of Expenditure Category/	03 / 04 / 2014					
Name of Federal Candidate Support Office Sought:	: X House District: 13					
ALEX SINK Oppose Presider	ent Senate State: FL					
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	,					
Ott	ther (specify)					
International Union of Painters and Allied Trades Political Action Together Political Comm	of Public Distribution/Dissemination 03					
Mailing Address 1750 New York Avenue, NW Amoun						
City State Zip Code	11.42					
Date o	ction ID : D521159 of Disbursement or Obligation					
	03 / 04 / 2014					
Name of Federal Candidate Support Office Sought	t: X House District: 13					
DAVID W. JOLLY Oppose Preside						
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Other Office Sought Other Disbursement 2014	t For:					
(a) SUBTOTAL of Itemized Independent Expenditures	45.71					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	1059.17					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler [Electronically Filed] Date 03	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

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